

**Washington State Board of Health**  
**SENSE OF THE BOARD ON LEGISLATIVE POLICY ISSUES**  
*Adopted January 8, 2003*

It is the policy of the Washington State Board of Health (Policy 01-001) to monitor and comment on issues before the Legislature that either alter the Board's statutory authority, run counter to a policy direction the Board has established in rule, or directly relate to one of the Priority Topics established by the Board. In addition, the Board thought it prudent to discuss some of the major issues likely to appear on the Legislature's agenda and to reach agreement on the sense of the Board prior to session.

This document represents the sense of the Board on a limited number of significant issues that the Board discussed as a whole prior to session, and is intended to guide Board staff and individual Board members in their communications.

This is neither an exhaustive nor a prescriptive list of issues that Board staff will monitor or individual Board members may comment on under Board policy. Board staff, as always, will review and monitor an extensive list of proposed legislation. There are many subjects that the Legislature might take up that the Board may choose to comment on because a bill affects the Board's authority, rules, or Priority Topics. For example, a comprehensive hepatitis C bill might have an impact on the Board's current rule making authority under the AIDS Omnibus Act, or a bill on isolation and quarantine could conflict with the direction established by the Board in its recent rule on emergency powers.

The following statements represent the sense of the Board:

- **Public Health Funding:** The Washington State Board of Health supports the establishment of a stable and secure funding source for public health that would be adequate to enable local health jurisdictions, the Department of Health, and the State Board of Health to comply with the Public Health Improvement Plan as required under RCW 43.70 (notably sections 520, 550, and 580).
- **Access to Health Care:** The Board recognizes that the state's budget difficulties make health care cuts inevitable but is discouraged and dismayed by the degree to which those cuts are likely to decrease access to critical health services. The Board continues to support an evidence- and population-based approach—such as the Board's "Menu of Critical Health Services"—to the design of safety net programs and benefits packages. This approach would emphasize primary and preventive care, and would give equal weight to evidence supporting the benefits of program that are now excluded or are likely to be eliminated—namely dental, substance abuse, and behavioral services.

- **Oral Health:** The Board is particularly concerned about the poor levels of access to children's oral health care, and encourages the state to explore solutions that include maintaining Medicaid and SCHIP dental coverage to the degree possible and expanding the use of fluoridation as a population-based approach to preventing dental caries in people with limited access to oral health care.
- **Genetics Task Force:** The Board's Genetics Task Force (GTF) has asked Linda Lake, chair of both the Board and the GTF, to communicate the GTF's findings to the Legislature. She is to be joined in this by Dr. Maxine Hayes, state health officer. The Board empowers Chair Lake to perform this function in the name of the Board and the GTF as she sees deems appropriate.
- **Model Food Code:** The Board has long endorsed the development of a statewide, consistent Food Code based on the U.S. FDA Food Code. The federal code is based on the best available science and the Board sees value in nationwide consistency. There may be few instances where local jurisdictions must deviate from the state code for good reasons to respond to local circumstances.
- **Health Disparities:** The Board will monitor DOH request legislation titled "Eliminating barriers to initial health professional licensing," and the report of the Health Professions Task Force, and will look for opportunities to advance any components that specifically address recommendations contained in the Board's May 2001 *Final Report on Health Disparities*.
- **Tobacco:** The Board supports full implementation of the Department of Health *Tobacco Prevention and Control Plan* and would discourage any actions, such as further Tobacco Settlement securitization, that would undermine these proven successful efforts.
- **Children's Environmental Health:** The Board would support the creation of a Children's Health and Protection Advisory Council staffed by SBOH, but only if the state provides adequate funding.